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Istook Questions Federal Spending on Disease Research

Research Funding on Major Diseases Not Proportionate to Needs of Taxpayers

Washington, D.C. - Rep. Ernest Istook (R-Okla.) noted today that federal funding for medical research does not reflect federal and private spending on major diseases or the number of Americans who suffer from different diseases. In a recent Labor, Health and Human Services, and Education appropriations subcommittee hearing, Istook questioned the process for allocating medical research funding.

After questioning Dr. Harold Varmus, Director of the National Institutes of Health (NIH), Istook discovered there was no formal consultation process for deciding which diseases to research, because NIH does not coordinate efforts with the Health Care Financing Administration (HCFA), the Centers for Disease Control, health care insurance providers or hospitals.

“Federal spending on disease research should consider how many are affected and the costs of major diseases,” concluded Istook. **“This would alleviate more human suffering and reduce the cost of prevention and treatment of our nation’s worst diseases.”**

In last year’s NIH hearings, Mr. Istook noted that NIH disease related research dollars per death did not reflect the needs of society as a whole. For instance, NIH was spending \$2.77 per heart disease death, \$1.85 on stroke, \$15.05 on diabetes, \$10.39 on cancer, but \$110.81 per HIV/AIDS death. When NIH research dollars were compared per \$1,000 in medical care, similar results were discovered. NIH was spending \$11.15 per \$1,000 in medical care on heart disease, \$6.18 on stroke, \$3.20 on diabetes, \$77.13 on cancer, but \$125.87 per \$1000 in medical care spent on HIV/AIDS.

Later in 1996 Istook requested the Health Care Financing Administration, the organization that runs the Medicare program, to determine how much they spend on various diseases. (Note: Medicaid analysis figures are not available.) In 1995, the complications of diabetes (which cuts across heart disease, stroke, etc.) cost \$42.5 billion, 26.5% of all Medicare spending. Heart disease cost \$29 billion (17.9% of Medicare spending), pneumonia & influenza cost \$7 billion (4.3%), stroke was \$5 billion (3.3%), and HIV/AIDS cost Medicare \$271 million (0.2%). Yet NIH research funding levels did not match these expenditures: heart disease research spending was \$903 million (16.5% of all disease research funding), diabetes research spending was \$316 million (5.8%), pneumonia & influenza research spending was \$64 million (1.2%), stroke research was \$127 million (2.3%), and HIV/AIDS research spending cost \$1.5 billion (27.5%).

Research spending on HIV/AIDS is much greater than the federal government spends to research heart disease or diabetes, even though far more Americans suffer from heart disease and diabetes than AIDS. 46,380 AIDS patients are treated under Medicare, compared with 17 million treated for heart disease and 5 million treated for diabetes. The above Medicare figures for disease spending do not include Medicaid spending, nor spending on other entitlement programs.

“The frequency and cost of treating diseases needs to be considered as the government decides how to spend dollars on research,” Istook added. **“We need to help more Americans who suffer from terrible diseases. The federal government spends over \$6.8 billion a year on HIV/AIDS, including in-and-out patient medical service, research, transportation, drug purchases, housing and prevention.**

“AIDS is a horrible disease, yet we could alleviate far more human suffering if we

spent part of these billions to help the far larger number of people who suffer from other horrible diseases. No other disease gets comparable federal treatment despite the fact that so many other diseases harm so many more Americans.”

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